



General

Guideline Title

Urinary incontinence. In: Guidelines for preventive activities in general practice, 8th edition.

Bibliographic Source(s)

Urinary incontinence. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 80-1.

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The levels of evidence (I-IV, Practice Point) and grades of recommendations (A-D) are defined at the end of the "Major Recommendations" field.

Urinary Incontinence

There is no evidence for screening in the general population. Case finding in those at higher risk (B).

Urinary Incontinence: Identifying Risk

Who Is at Risk?	What Should Be Done?	How Often?	References
Average Risk	There is no evidence to support screening. (IV)	n/a	
Higher Risk <ul style="list-style-type: none">• Perinatal and postnatal women• Younger women who have had children• Women who are overweight• Men following treatment for prostate cancer	Case finding (IV,B) Ask about the occurrence of urinary incontinence.	Every 12 months	Continence Foundation of Australia, 2011

Who Is at Risk?	In residential aged care facilities, residents are automatically assessed.	How Often?	References
<ul style="list-style-type: none"> • People with respiratory conditions, diabetes, stroke, heart conditions, recent surgery or neurological disorders • Frail elderly people or long-term care residents 			

Urinary Incontinence: Preventive Interventions

Intervention	Technique	References
Case finding	Ask probing questions such as 'Other people with ... (state conditions of higher risk here) ... have had problems with bladder control. Have you had any problems with leaking urine?'	Martin et al., 2006
	<p>Simple patient survey assessment tools have been shown to be valid and reliable (A).</p> <p>The three incontinence questions questionnaire (see Appendix 6 in the original guideline document) is a simple, quick and noninvasive test with acceptable accuracy for classifying urge and stress incontinence and may be appropriate for use in primary care settings (A).</p> <p>Patients with urinary incontinence should be assessed to determine the diagnostic category as well as underlying aetiology. This can usually be determined on the basis of history, physical examination and urinary dipstick and culture if indicated. A post-void residual may be required in the assessment of possible retention/overflow.</p>	Brown et al., 2006
Assessment	<p>There are 4 common types of incontinence:</p> <ul style="list-style-type: none"> • Stress incontinence is the leaking of urine, which may occur during exercise, coughing, sneezing, laughing, walking, lifting or playing sport. This is more common in women, although it also occurs in men, especially after prostate surgery. Pregnancy, childbirth and menopause are the main contributors. 	
	<ul style="list-style-type: none"> • Urge incontinence is a sudden and strong need to urinate. It is often associated with frequency and nocturia, and is often due to having an over-active or unstable bladder, neurological conditions, constipation, enlarged prostate or history of poor bladder habits. • Mixed incontinence is a combination of both stress and urge incontinence and is most common in older women. • Overflow incontinence is a result of bladder outflow obstruction or injury. Symptoms may be confused with stress incontinence. <p>Because treatments differ, urge incontinence should be distinguished from stress incontinence (A). The patient's diagnostic category can be reliably determined using the three incontinence questions questionnaire (see Appendix 6 in the original guideline document).</p> <p>The Continence Foundation of Australia Helpline (telephone 1800 33 00 66) is available 5 days a week and is staffed by qualified continence advisers. Referral information is available regarding physiotherapy, nurse continence advisers and residual urine testing.</p>	Staskin et al., 2009

Definitions:

Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls:

Level	Explanation
	<ul style="list-style-type: none"> • Non-randomised, experimental trial • Cohort study • Case-control study • Interrupted time series with a control group
III-3	Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none"> • Historical control study • Two or more single arm study • Interrupted time series without a parallel control group
IV	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Urinary incontinence (stress, urge, mixed, and overflow incontinence)

Guideline Category

Prevention

Risk Assessment

Screening

Clinical Specialty

Family Practice

Geriatrics

Internal Medicine

Obstetrics and Gynecology

Preventive Medicine

Urology

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

- To facilitate evidence-based preventive activities for urinary incontinence in primary care
- To provide a comprehensive and concise set of recommendations for patients in general practice with additional information about tailoring risk and need
- To provide the evidence base for which primary healthcare resources can be used efficiently and effectively while providing a rational basis to ensure the best use of time and resources in general practice

Target Population

- Perinatal and postnatal women
- Younger women who have had children
- Women who are overweight
- Men following treatment for prostate cancer
- People with respiratory conditions, diabetes, stroke, heart conditions, recent surgery or neurological disorders
- Frail elderly people or long-term care residents

Interventions and Practices Considered

1. Screening of average-risk people in the general population (not recommended)
2. Case finding in high-risk populations
 - Asking probing questions
 - Patient survey assessment tools
 - History and physical examination
 - Urinary dipstick and culture if indicated
 - Post-void residual volume in the assessment of possible retention/overflow
3. Assessment of type of incontinence using three incontinence questions

Major Outcomes Considered

- Incidence of urinary incontinence
- Risk for urinary incontinence
- Health decrement due to urinary incontinence

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Sources of Recommendations

The recommendations in these guidelines are based on current, evidence-based guidelines for preventive activities. The Taskforce focused on those most relevant to Australian general practice. Usually this means that the recommendations are based on Australian guidelines such as those endorsed by the National Health and Medical Research Council (NHMRC).

In cases where these are not available or recent, other Australian sources have been used, such as guidelines from the Heart Foundation, Canadian or United States preventive guidelines, or the results of systematic reviews. References to support these recommendations are listed. However, particular references may relate to only part of the recommendation (e.g., only relating to one of the high-risk groups listed) and other references in the section may have been considered in formulating the overall recommendation.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls: <ul style="list-style-type: none">• Non-randomised, experimental trial• Cohort study• Case-control study• Interrupted time series with a control group
III–3	Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none">• Historical control study• Two or more single arm study• Interrupted time series without a parallel control group
IV	Case series with either post-test or pre-test/post-test outcomes

Practice Point	Options of respected authorities, based on clinical experience, descriptive studies or reports of expert committees
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Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

These *Guidelines for preventive activities in general practice*, 8th edition, have been developed by a taskforce of general practitioners (GPs) and experts to ensure that the content is the most valuable and useful for GPs and their teams. The guidelines provide an easy, practical and succinct resource. The content broadly conforms to the highest evidence-based standards according to the principles underlying the Appraisal of Guidelines Research and Evaluation.

The dimensions addressed are:

- Scope and purpose
- Clarity of presentation
- Rigour of development
- Stakeholder involvement
- Applicability
- Editorial independence

The Red Book maintains developmental rigour, editorial independence, relevance and applicability to general practice.

Screening Principles

The World Health Organization (WHO) has produced guidelines for the effectiveness of screening programs. The Taskforce has kept these and the United Kingdom National Health Services' guidelines in mind in the development of recommendations about screening and preventive care.

Rating Scheme for the Strength of the Recommendations

Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Not stated

Evidence Supporting the Recommendations

References Supporting the Recommendations

Brown JS, Bradley CS, Subak LL, Richter HE, Kraus SR, Brubaker L, Lin F, Vittinghoff E, Grady D, Diagnostic Aspects of Incontinence Study (DAISy) Research Group. The sensitivity and specificity of a simple test to distinguish between urge and stress urinary incontinence. *Ann Intern Med.* 2006 May 16;144(10):715-23. [PubMed](#)

Continence Foundation of Australia. What is incontinence: key statistics. [internet]. Continence Foundation of Australia; 2011 [accessed 2011 May 01].

Martin JL, Williams KS, Sutton AJ, Abrams KR, Assassa RP. Systematic review and meta-analysis of methods of diagnostic assessment for urinary incontinence. *Neurourol Urodyn.* 2006;25(7):674-83. [54 references] [PubMed](#)

Staskin D, Kelleher C, Avery K, Bosch R, Cotterill N, Coyne K, et al, editor(s). Committee 5: initial assessment of incontinence. Proceedings of the fourth international consultation on incontinence. Paris: France Health Publication, Ltd.; 2009.

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for selected recommendations (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate case finding and assessment of urinary incontinence in the Australian population

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.
- Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.
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- These guidelines have not included detailed information on the management of risk factors or early disease (e.g., what medications to use in treating hypertension). Similarly, they have not made recommendations about tertiary prevention (preventing complications in those with established disease). Also, information about prevention of infectious diseases has been limited largely to immunisation and some sexually transmitted infections (STIs).

Implementation of the Guideline

Description of Implementation Strategy

For preventive care to be most effective, it needs to be planned, implemented and evaluated. Planning and engaging in preventive health is increasingly expected by patients. The Royal Australian College of General Practitioners (RACGP) thus provides the Red Book and *National guide to inform evidence-based guidelines*, and the Green Book (see the "Availability of Companion Documents" field) to assist in development of programs of implementation. The RACGP is planning to introduce a small set of voluntary clinical indicators to enable practices to monitor their preventive activities.

Implementation Tools

Chart Documentation/Checklists/Forms

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Urinary incontinence. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 80-1.

Adaptation

This guideline has been partially adapted from Australian, Canadian, United Kingdom, and/or United States preventive guidelines.

Date Released

2012

Guideline Developer(s)

Royal Australian College of General Practitioners - Professional Association

Source(s) of Funding

Royal Australian College of General Practitioners

Guideline Committee

Red Book Taskforce

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .

Availability of Companion Documents

The following are available:

- Preventive activities over the lifecycle – adults. Preventive activities over the lifecycle – children. Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .
- Putting prevention into practice (green book). East Melbourne (Australia): Royal Australian College of General Practitioners; 2006. 104 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .
- National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. 100 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .

In addition, the three incontinence questions are available in Appendix 6 in the [original guideline document](#) .

Patient Resources

None available

NGC Status

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